

Adopted 1/1/97

AFFIDAVIT OF EXEMPTION FROM THE
KENTUCKY WORKERS' COMPENSATION ACT
(Individual)

Applicant, pursuant to KRS 342.610(5), hereby declares exemption from the requirement to obtain worker's compensation insurance coverage as set forth in KRS 342.340. In support of this claim to exemption, Application states that the following facts are true and correct:

Full name of Applicant _____
Home Address _____
Phone _____
FEIN or SSN _____ Average No. of Employees _____

The foregoing is true and correct as I verily believe and swear.

Applicant/or authorized agent

State of Kentucky
County of _____

The forgoing Affidavit of Exemption was acknowledge and sworn to before me by _____, this _____ day of _____, 20____.

NOTARY PUBLIC
KENTUCKY STATE AT LARGE

My Commission Expires _____, 20____

Instructions

This original Affidavit is to be immediately filed by the local building permit office with the Kentucky Department of Workers' Claims, Division of Security & Compliance, 657 Chamberlin Ave., Frankfort, KY 40601 (1-800-731-5241).

A copy of this Affidavit is to be kept on file with the local office which issues the building permit.

Notice to Affiant: Fraudulent execution of this form constitutes a criminal offense (KRS 523.030) under the laws of the Commonwealth.